

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

2.25 % OCCUPATIONAL LICENSE FEE AMNESTY

INSTALLMENT PAYMENT AGREEMENT REQUEST

If you are unable to pay the full amount due with your Amnesty Application, you may request an installment agreement by completing this form, paying at least twenty-five percent (25%) of the total amount of the tax due, and attaching this completed form to your Amnesty Application. You MUST pay a minimum of 25% of the total tax liability with this request to qualify for an installment payment agreement. Please specify the number of equal monthly payments you propose to make in order to pay your obligation in full in the block marked "Number of monthly payments requested." Installment payments may be approved up to, but not longer than twelve (12) months from date of the agreement. Please be advised that interest at the rate of 1% per month will be charged on the total unpaid tax liability for the duration of the agreement. You will be advised if your request for an installment agreement is approved or denied. Failure to pay the monthly payment will result in your Amnesty Application being revoked and all interest and penalties previously waived under this program will be reinstated.

LFUCG Account No.	Federal Identification N	Federal Identification No./SSN		
Name/Business Name				
Mailing Address				
Mailing Address				
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City	State	Zip Code		
			_	
Business Telephone No:			Official Use Only	
Home Telephone No:				
- N				. \square
Fax No:			Appr	oved
E-Mail Address:			Denied	
Total Tax Due	Amount paid with this	Number o	of monthly	Monthly payment
per	application	payments requested		date
Amnesty Application	(Minimum - 25% of total tax due)	(Not to exceed 12)		requested
Signature of Licensee				
Signature of Licensee				
Signature of Person Preparing Request				